

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?:: Paper
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title:: METHODS FOR DIAGNOSING AND
TREATING SCHIZOPHRENIA
BUXTON1
Attorney Docket Number::
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Francis

Middle Name::	Paul
Family Name::	BUXTON
Name Suffix::	
City of Residence::	Winchester
State or Province of Residence::	Massachusetts
Country of Residence::	United States
Street of Mailing Address::	376 Highland Avenue
City of Mailing Address::	Winchester
State or Province of Mailing Address::	Massachusetts
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	01890
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	William
Middle Name::	Twitty
Family Name::	CARPENTER
Name Suffix::	
City of Residence::	Columbia
State or Province of Residence::	Maryland
Country of Residence::	United States
Street of Mailing Address::	11018 Thistlebrook Court
City of Mailing Address::	Columbia
State or Province of Mailing Address::	Maryland
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	21044
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Rosalinda
Middle Name::	Cusido
Family Name::	ROBERTS
Name Suffix::	

City of Residence::	Columbia		
State or Province of Residence::	Maryland		
Country of Residence::	United States		
Street of Mailing Address::	5985 Gales Lane		
City of Mailing Address::	Columbia		
State or Province of Mailing Address::	Maryland		
Country of Mailing Address::	United States		
Postal or Zip Code of Mailing Address::	21045		
Applicant Authority Type::	Inventor		
Primary Citizenship Country::	United States		
Status::	Full Capacity		
Given Name::	Carol		
Middle Name::	Ann		
Family Name::	TAMMINGA		
Name Suffix::			
City of Residence::	Dallas		
State or Province of Residence::	Texas		
Country of Residence::	United States		
Street of Mailing Address::	5510 Nakoma		
City of Mailing Address::	Dallas		
State or Province of Mailing Address::	Texas		
Country of Mailing Address::	United States		
Postal or Zip Code of Mailing Address::	75209		
Correspondence Information			
Correspondence Customer Number::	001444		
Representative Information			
Representative Customer Number::	001444		
Domestic Priority Information			
Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/EP03/014089	12-11-03
PCT/EP03/014089	Appln claiming benefit of 35 USC 119(e)	60/432,853	12-12-02

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

1) Assignment Information

Assignee Name:: Novartis AG
Street of Mailing Address:: Lichtstrasse 35
City of Mailing Address:: Basel
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4056

2) Assignment Information

Assignee Name:: University of Maryland
Street of Mailing Address:: 520 West Lombard Street
City of Mailing Address:: Baltimore
State or Province of Mailing Address:: Maryland
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 21201